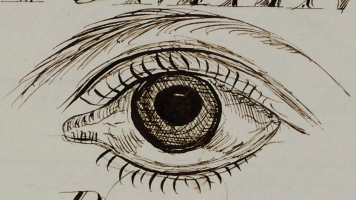
An Essay on the HUMAN



Presented
To the Faculty of the
Homoeopathic College.
for the
Degree of Doctor of Medicine

By
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of Philadelphia Pa

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Gentlemen of the Homeopathic College of Pennsylvania and most Honorable Faculty:—

In casting my Eye over the medical field, I behold a space so boundless, an area so vast, a gulf so completely Engorging in its character, and an ocean so zigzag in its course and so unfathomable in its depth— that I know not what to do or where to commence.

If I commence at the beginning I will never get through. If I commence in the centre of such a Pacific of knowledge and depth of science which has never yet been sounded by mortal man I know that I shall be unable to arrive either at the origin or Delta — and certain am I, that I should

never see the omega. Nay I should cry help! help!! Ye gods of science (for my folly) but this would I gladly do if these gods could but hear, — but I apprehend they would be sleeping, or would have gone on a journey and my calls would not be heeded, and thus would I have emerged myself and apparently by my own choice to into the centre of such a Sphere of boundless science — that to encircle of its circumference would be such an ever sweeping and inconceivable Extension of the immaginative powers that the recuperative abilities of Nature would fail to regain its wanted tone, and thus even the immagination would be left imbecile and inert for its presumption.

And then in this dilema I sat pondering over my fate, and was sore perplexed to think that what is termed Science should so much bewilder, and leave its followers in such a ponder or 'pond of despond' that I became grieved to know, that terms, names and titles, should so belie themselves. — For I was taught that the term Science meant simply what it said, and said what it meant — and that titles meant Something too but this I am now convinced is not always true. And as for names they'll do to distinguish men by; but, will not do to distinguish men by names. And here again I fain would have called upon the gods but was interrupted from acting so rashly by a Spirit gentle spirit; — that whispered in my ear

in tone so sweet in accents so small so quick and yet so Angelic and consoling that my excited nerves were still, and my half congested encephalon cool and thoughtful. And then it whispered and when it whispered it spoke in this wise — Saying why wouldest thou think of being an idolator and of calling upon gods? hast thou not been born and reared a Christian? Then I bethought me of what I was doing, and an idea struck me, a happy thought flickered ber me. — "I will ask this spirit to assist me to write, or perhaps to ask some medical spirit to assist me." Its only reply was that — thou hast the spirits of Millions unborn assisting thee —! thou hast the spirits of thy fathers to assist thee! thou hast the spirit of a

diseased and dying world to assist thee! thou hast the spirit of the Immortal (Hahnemann)-Hahnemann to assist thee!!. Then why dost thou delay or tarry.—go write and when, thou hast written, go out in the vineyard and labor— for the field in which thou art called to work is as vast and boundless as the ocean of science that thou hast been trying to penetrate. And I went and wrote and now the Ending of it read tho' will see if thou dost follow me through—but the commencement of it read in this

—Peculiar Style.—

Mark those proud boasters of a splendid line
Like gilded ruins, mouldering while they shine
But—

Their wine cup of festivity soon will be spilt

—And with them in their barbarous career—
All will be o'er their grandeur and their guilt"
And here I left that would be science:—
to fade away—
In its old chaotic ruins to smoulder and decay.

And by the aid of the two most perfect optical instruments in my possession I thought I would take a view—(through a very perfect Microscope now possessed by very many Scientific men in different parts of the world—and which for the sake of brevity is termed—"Simlia."——) at the human eye, and by the aid of this pair of the most perfect of all optical instruments I ascertained that "the mirror of the human Soul" was subject to fourteen hundred different diseases and varieties of diseases and wounds and operations for their removal &c.

The whole of which we conceived to be too many for us to write upon at this time so we thought it advisable to take a part of them and to commence upon some of the major ones first and have decided to give a synopsis of

Cataract.

Which is a term generally used to imply an opacity of the crystaline lense, or of the anterior or posterior capsule; it is however occasionally employed to indicate an affection of the vitrious humor, called glaucoma. When the crystaline lense only is engaged in the disease, it is called lenticular; if its investing membrane only is opagne, it is denominated capsular, and when both are affected it is then called and very properly too Capsulo-lenticular Cataract

other adjectives terms are also used to imply its peculiar condition and color, as hard, soft, milky, floculent, striated, cystic, bursal, adherent, black, amber colored bluish reddish-green, and grey. The red green cataract is a term especially applied to glaucoma. Cataract is also divided into true, and false; the former having its seat in, or within the capsule, the latter external to it; false cataract is always complicated with other morbid changes in the organ. Among the causes of this disease may be enumerated, any hereditary tendency Constant exposure to hot fires inflamation of the lens, its capsule or adjacent parts, blows and other injuries causing penetrating wounds or rupture of the capsule of the lens—

and the admission of the aqueous humor into it, the abuse of wine or spirits, gout, repelled or suppressed discharges peculiar to a psoric or scrofulous diathesis, it is said to be occasionally Congenital. It is very essential to distinguish incipient Cataract from amaurosis in the early stage, as the disease of the retina may be relieved or cured when commencing, but will be found generally irremediable when fully established. The following diagnostic signs have been pointed out by different authors, as indicating the distinction between the two diseases; in Cataract all objects are seen through a mist or cloud which becomes denser and denser as the opacity increases which it does very slowly.

The dimness of vision in amaurosis generally comes on very suddenly, and is characterized by black motes or spots (Muscae Volatantes), either fixed or floating in the air; occasionally however amaurosis commences with misty vision, gradually becoming worse, while, in other instances, cataract may be accompanied by Muscae Volitantes. hence it is evident that a correct diagnosis can only be formed by the aggregate of symptoms, and not from any one in particular. in the majority of amaurotic cases the patient sees best in broad day light, and luminous bodies seem to be surrounded with an iridescent halo. in some instances, much light can not be born, in such the disease is, in all probability,

accompanied with chronic retinitis.
A cataractous patient sees best with only
a moderate degree of light, when the
pupil is enabled to expand, so that the
luminous rays may pass by the cir-
cumference of the opacity: in the day-
time, when the pupil is contracted,
vision is very defective, as the rays of
light strike against the centre of the
lense, which is generally the most
opaque. The flame of a candle seem
s to be surrounded by a whitish circle,
which widens as the patient recedes from
it. In the early stage convex glasses
assist vision in cases of cataract,
but spectacles of any kind are not
of any service in amaurosis. This
latter disease is also generally atten-
ded with other symptoms indicative

of disturbance of the general health, as headache, vertigo, derangement of the digestive organs attacks of biliousness &c. On examining the Eye in commencing cataract, we observe a milky or pearl-appearance opaque and of the color of bluish skimmed milk such as we find sold in New York for pure country milk. In amaurosis, occasionally on looking directly into the Eye, a greenish opacity may be distinguished, which differs from a cataract, in as much as it is not seen when the Eye is examined sidewise, and is always seated far back, apparently deep in the vitrious humor, and does not appear to be striated, as is the case in posterior capsular Cataract. The Eye ball is firmer than usual and the Eye staring and vacant.

There are many other adjectives applied to cataract besides those above alluded to, but the small space necessarily applied to a thesis, will not enable us to speak of them; much less to describe them and give the treatment; which is also, in the present stage of medical knowledge but little more than no treatment at all — but still there are homoeopathic remedies which are said to be of much service, in arresting it in the incipient stages; and there are also cases on record of perfect cures without an operation; which cases I however should very much like to see. The remedies given are the following — The anti-psoric of course, must form the basis of the treatment: as the whole constitution must undergo a change from the action of the remedy,

which must extend to the primary cause of the disease. The remedies reckoned the most important, are Sulphur, Silic., Cam., Phos., Calc., and Con.,- And these remedies are generally given in the higher potencies I mean from the sixth to the thirtieth.

Operations for Cataract.

The operations for the removal of cataract are of three kinds; viz.— by 1st Extraction 2d. by division, 3d by reclination or couching:

First by Extraction— the operation consists in making a section of the upper or lower half of the cornea, and the capsule having been torn, removing the lense through the incision thus made;

The second— by division or breaking up, a needle with a sharp edge being introduced into the Eye, a line or two

behind the junction of the cornea and sclerotica, and carried forwards between the iris and lens flat-ways: the sharp edge being then turned towards the lens, the handle is elevated, and the lense divided into two pieces which are afterwards cut into smaller ones; the larger of these are left in situ, the others are pushed into the anterior chamber for solution: this operation sometimes requires to be repeated especially so if the patient has been under the treatment of an "alchemist". The third operation i.e. by reclination or couching: a needle with a sharp point, but blunt-edge, is introduced into the eye, as in the preceding process and carried forwards between the iris and lense; then by elevating the handle the blade is depressed, and with it the cataract. After either of these operations a piece of lint wet with arnica

should be spread over the Eye, and a bandage brought round to cover both organs, and totally exclude the rays of light. Aconite repeated, according to the urgency of the symptoms, to be administered internally,- the patient being also kept in a dark room, and perfectly quiet until all danger of inflamation has subsided. These and other precautions are required for from two to six weeks and even sometimes for a much longer period. The operation for absorption or Solution, is the easiest method of getting rid of the Lense or opaque covering but is liable to the objection of having to be repeated and requiring a longer time for the completion of the cure. This is all we shall say on Cataract.-

Ophthalmia Tarsi. — Lippitudo.
The edges of the eye lids are subject to a peculiar inflamation of a very obstinate character, which, when neglected, frequently becomes very difficult to cure. And by antiquated Medicine it is indeed incurable a fact which any one would be convinced of were the numerous cases made known that they deprive of sight daily in the Hospitals, and in private practice, in this and every other part of the world where that relic of barbarism still exists — the would be legitimate Practice —. The disease is sometimes called psorophthalmia, from the opinion that it arose from the inoculation of the itch. Its seat appears to be the Meibomian follicles, where it commences and spreads thence

to the adjoining textures, the conjunctiva, the glands at the roots of the cilia, and the surrounding skin. When it has caused the destruction of the Meibomian follicles, and the loss of the Eye lashes, the lid assumes a raw appearance, which is commonly termed blear Eye. It occasionally also destroys the tarsus. The Meibomian follicles pour out an increased secretion of a glutinous character, which collecting during the night and becoming inspissated, causes the eyelids to adhere; if in the morning these are forcibly seperated, great pain is caused, the Eye lashes are torn out, and small abcesses are formed at the roots, which are prevented from healing by the continued irritation. The conjunctiva of the lids and sometimes the ball of the Eye,

becomes inflamed and thickened, the Eyelids itch, and feell as if sand or some larger foreign substance was in the Eye. The Eyelids itch the tears run over the cheek, and from their acrid character, cause Excoriation, Ulceration, and great swelling. Consequences – occlusion of the Meibomian (follicles,) apertures, Eversion or inversion of the Eyelashes &c. &c.

The disease occurs most frequently in Children – but may occur at any age. Authors give five different kinds of Ophthalmia viz. Common opthalmia or simple inflamation of the Conjunctiva. 2nd Catarrhal – 3d. Purulent – or Egyptian Ophthalmia 4th. Gonorrheal 5th. Scrofulous Ophthalmia. ———

Common opthalmia commences by irita-

tion and inflamation and in healthy persons terminates by resolution. Rem. Ac. Con. bell. Ars. &c. Catarrhal Ophthalmia may be distinguished from the common form by its beginning with a dryness of the Eye instead of an unusual secretion of tears and in a short time the pain diminishes and a copious flow of tears sets in which soon changes to a mucus discharge. - And in some cases the whole surface of the Eye is covered with pustules containing a yellowish secretion. This pustular suppuration is one of the circumstances that distinguishes it from purulent Ophthalmia which is considered a very serious disease and one or both of the Eyes are frequently destroyed by it. Scrofulous Op. may be distinguished by the constitutional symptoms. Gonorrheal Op. is produced by metastasis or by accidental inoculation.

Amaurosis — Gutta Serena.

Amaurosis is that species of blindness which is dependent on an affection of the optic nerve, either at its origin, in its course, or of the Expansion into the retina. The symptoms are somewhat varied, being dependent on the original complaint, when the loss of vision is symptomatic, but still the disease itself is marked by a semeiology sufficiently distinct to enable the surgeon to identify it. The symptoms in the commencement are, occasionally headaches and pain in the orbit, Muscae volitantes, objects indistinctly or partly seen, sometimes as in a mist, luminous bodies surrounded with a tremulous and variegated halo, the iris somewhat contracted and sluggish, the pupil dull the eyebrow,

and occasionally affected with Strabismus and double vision. Myosis is a rare symptom, but does occasionally occur. The iris is sometimes irregular and drawn to the inner and upper part of the Eye. As the amaurosis increases, the Muscae volitantes are not so perceptible, a larger portion of the nervous expansion becoming insensible to the rays of light; the pupil is generally much dilated, and the iris most frequently, but not always, immovable; the dull heavy staring look of the patient is remarkable, as well as the loss of brilliancy in the cornea. Vision, in a case of gutta serena, is generally best in the broad glare of day, and the patient can distinguish the fire sometimes, when other objects have long previously faded from his view.

Amaurosis may also Exist in conjunction with Cataract, glaucoma, cirsophthalmia, Exophthalmos (or Exophthalmos,) atrophy, paralysis of one or more of the muscles of the eye or lid, ophthalmitis, contusions, diseases of the brain and nervous system, morbid alterations in the structure of the cranium, tumors, worms, diseases of the abdominal viscera &c.

It is occasionally congenital, and in some instances hereditary. The disease sometimes makes its appearance very suddenly, but in the majority of instances it progresses very gradually. The treatment depends upon the cause pathology constitution and peculiar diathesis of the patient if he be of any peculiar diathesis.

Some of the principal remidies are the following the potencies should be regula-

ted by the good judgement of the Physician. Bell when the power of vision is nearly extinct, with a sense of pressure in the head as if something were in the Encephalon pressing outwards, and pressure in the Eyes. Nux is indicated by contracted pupil, Spasmodic Motion of the Eyes stupefying headache vertigo, and vibrations of light—it is particularly useful in cases caused by hard study or fine needle work China— is indicated by dilated pupil best for persons debilitated by loss of fluids Phosphorus,— when the pupils are natural and objects seem to be enclosed in a smoke, when he sees a green halo around a candle tis useful in old persons and organists. Ruta graveolens, is suitable for contracted pupils with spasmodic action of the lids, and mutes before the Eyes a red halo around a candle

Hydrophthalmia.

Dropsy may affect the eye as well as any other cavity of the body: it is generally the affect of cachexia, or accompanies dropsy in some other organ. The disease may affect the aqueous or vitrious humor seperately or conjointly. The Enlargement of the anterior chamber, the tenuity of the cornea, with the sluggish and dark-colored iris, and dullnes of sight but more particularly by long sightedness which will indicate dropsy of the anterior chamber, while dropsy of the posterior chamber is marked by an increase of the size of the back part of the Eye and myopia Remedies the same as for the original disease-Ars. Con. hel. &c.

Artificial Pupil.

The operation for an artificial pupil is required when ever the natural orifice becomes closed, or when that part of the cornea corresponding to the situation of the pupil has become so opague with or without synechia that the rays of light are not transmitted to the interior of the Eye.

The operation should not be performed as long as the patient can see common objects: nor unless the portion of cornea (the) opposite the intended situation of the artificial pupil be clear. If the lense and capsule are not opague they should not be interfered with.

There are three modes of operating: one by simple incision of the iris;

another by opening the anterior chamber, and snipping off a portion of that membrane, should it protrude, or, if not, drawing it out by means of a hook, and then removing a part; and the third way is, by seperating the iris from its lateral attachment on one side only.

Neither belladonna nor chloroform as a general rule should be used in or previous to an operation for an artificial pupil for reasons most obvious. After the operation inflamation must be kept down by aconite belladonna and (hammamelis) and the patient must be kept quiet and out of bright light till the incession has healed — in most cases he will see immediately.

Ecchymosis of the conjunctiva.

This condition commonly called "black eye" is the result generally of some mechanical injury — causing extravasation of blood into the loose areolar tissue of the eye lids. The Ecchymosis or extravasation sometimes makes its appearance immediately and at other times not for eight or twelve hours after the blow. To remove a black eye quickly is the great desideratum with the patient and the best remedies for that purpose are the following. Hypericum perforatum the flowers of soaked in sweet oil and applied immediately on the receipt of a bruise will prevent the dreaded black. I suppose the Tinc. would answer the same purpose Arn is also good

Ptosis — or drooping of the upper eyelid, may depend on a variety of causes. Hypertrophy of the eyelid and relaxation of the integuments, a complaint not altogether uncommon, and occasionally inducing entropium, and the treatment so far as operation is concerned is the same — but the medical treatment depends upon the cause The remedies best adapted to this condition of the Eye or its muscle or nerve or both — are bell hyos. sp Strain Nux & Electricity which is decidedly valuable in many cases. The surgical treatment — is by removing an elliptical fold of the integument and bringing the edges of the wound together with a stitch.

Conjunctivetis. Inflamation of the Conjunctiva is marked by an injected and viticulated state of the blood vessels of that membrane, the patient complains of the sensation of sand in the Eye, Epiphora, and aversion to light. The Epiphora or secretion of tears burns sometimes almost like hot water and the patient suffers most intense pain and in the highly inflamed acute stage the patient can not bear the least ray of light to his eyes. Here the great law of Nature as in all acute and painful diseases whether of a dangerous or unimportant character shows its superiority over that antiquated and barbarous practice. A dose or two of acconite or bell if taken at first will remove the difficulty.